

## EMT RECERTIFICATION APPLICATION LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



Recertification - \$57*
*The non-refundable fee must accompany this application. Check or Money Order made payable to "Los Angeles County DHS." Personal check payments require a 30 day hold prior to application being processed. The County charge will be imposed on all checks returned for non-sufficient funds. Do not send cash.    PERSONAL INFORMATION   SSN
PERSONAL INFORMATION           Legal Name         SSN           Last         First           Address         Birth Date           (Home)
Legal Name         SSN         -         -           Last         First         M.I.           Address         Birth Date         -
Last         First         M.I.           Address         Birth Date
Last         First         M.I.           Address         Birth Date
(Home)
Phone e-mail
I am currently employed as an EMT – Attach the Notification of EMT Change of Address/EMS Employer form located on the EMS Agency web site (http://ems.dhs.lacounty.gov) or use a separate sheet of paper and list the name, address, and phone number of current employer(s).
NOTE: Change of name, contact information, and/or employer must be submitted in writing to the EMS Agency within 30 days of change
RECERTIFCATION REQUIREMENTS – applicant shall provide front and back copies of all documents
□ Most recent CA EMT Certification Card Issuer # Exp. Date
□ Government Issued Photograph Identification Type □ EMS Continuing Education (CE) Certificates (CE must be completed during current certification cycle or within previous 24 months of this application for lapse)
□ 24 hours (current or lapse < 6 months) □ 36 hours (lapse ≥ 6 months) □ 48 hours (lapse of ≥ 12 months and < 24 months)
LUSKIIIS COMPREDICY VERITICATION (EMSA SCV FORM) Must be completed by an approved provider in current certification cycle or within 1 yr for lanse > 12 months
□ Skills Competency Verification (EMSA SCV Form) Must be completed by an approved provider in current certification cycle or within 1 yr for lapse > 12 months  BLS must be valid a minimum of 2 months beyond EMT  □ BLS Card for Healthcare Provider Expiration Date recertification date. Online programs are NOT accepted.
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